

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKCharlie SandersUSDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #:
DATE FILED: 10/20/14

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

OFFICER SenA WILLIAMS**AMENDED
COMPLAINT**under the Civil Rights Act,
42 U.S.C. § 1983Jury Trial: ☐ Yes ☒ No
(check one)14 Civ. 7210 ()

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's Name _____
ID# _____
*Current Institution _____
Address _____

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name SenA WILLIAMS Shield # 942435
Where Currently Employed MTS PCT 14 TH
Address 35TH ST BET 8 + 9TH AVE

Defendant No. 2 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

B. Where in the institution did the events giving rise to your claim(s) occur?

C. What date and approximate time did the events giving rise to your claim(s) occur?

D. Facts

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

On July 23 2014 At 10AM I was At Grand Central were I work I sell the papers I was Assaulted By this Drunken Guy that I don't know I was pushed to the ground so hard I hit my head I got wibe Lashed I got up he busted my Lip hit me in my head about four times. I was charged by Officer SENA WILLIAMS with Assault Hand Cuffed taken to the hospital And then to Jail. The Assault was drop to 30 days I was the victim. I Lost my Job. Officer SENA WILLIAMS made me do time And I was the victim.

IT WAS FIVE Cambras At Grand Central And one IS A Police cambra that saw every thing I Never throwen A Punch

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I Hurt My Back I hurt My Neck I hurt My Head I got wibe Lash From beins Push Down so hard My Lip I had TO GET Sticks.

ALSO My Mind was Injured From Goings OR Beins IN Jail for somethins I was The Victim IN layins up IN Jail can Run you CRAZY

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☒ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

CIVIL RIGHTS COURT

1. Which claim(s) in this complaint did you grieve? Getting charged

and going to jail for something I was the victim

2. What was the result, if any? _____

Grieving

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I tried to see my

Legal Aid Lawyer AND see never got
BACK TO me

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

Grievance DO NOT Help
I need help From CIVIL
RIGHTS COURT

2. If you did not file a grievance but informed any officials of your claim, state who you informed, _____

when and how, and their response, if any: None

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I respect Police Officers

But They Are human AND can be wrongs
AND when you are wrongs you are wrongs
AND They Are wrongs Here AND Now

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

The relief I would like
is Two million Dollars. My Life is worth
way more then that. Beings in Jail goes
to Jail sent to jail for something I did
not do I was the victim Here AND I got hurt
I lost my job because of this I could have lost my
life in jail, I lost time out of my life I could
have lost my mind. It was bad food bad toilets the
bed had germs, it is not the place to be when
you are not guilty. I did not do anything in
the case Im the victim.

Officer Sena Williams charged me
with a false charge made me do time
for something the other guy did not
Good Im glad the felony was dropped

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes ____ No ____

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this ____ day of _____, 20__.

Signature of Plaintiff

Inmate Number

Institution Address

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 20 day of October, 2014, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Charles Sander

Thu, 11 Sep 14 1636

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Bellevue Hospital Center
Chart Review Print

<u>Location</u>	<u>Patient Name</u>	<u>Patient Number</u>	<u>Visit Number</u>	<u>Age</u>	<u>Sex</u>
DIS-TM3 Bed3	Sanders,Charlie	3085239	3085239-5	54Y	M

<u>Attending Physician</u>	<u>D.O.B.</u>
Carmody,Kristin	02/02/1960

Unscheduled ED Provider Initial Note

Event Time: Wed, 23 Jul 14 1432

Status: complete

Wed, 23 Jul 14 1507 Documented by Kristin Carmody, MD

Time Patient Seen : Wed, 23 Jul 2014 1433
 Communication Method : Direct Communication in English
 ED Attending : Kristin Carmody, MD
 Provider : Allan Guiney, MD
 ROS : see note
 Provider Note : Patient: Sanders, Charlie

CC; Laceration to lip

HPI: 54 y/o M with no PMH presents after being punched in the face. No LOC. He complains of lacerations to his upper and lower lips but no HA, facial or jaw pain.

PMH: last tetanus >10 years

Meds/Allergies: none

Social: EtoH, tobacco

ROS: negative for f/c/n/v/d/c HA, CP, SOB, pain in extremities or weakness

PE:

138/87 - 95 - 18 - 99% - 99.0 - - 5

General: NAD, breathing easily

HEENT: PERRLA, 2cm full thickness laceration below lower lip (through to oral cavity). 2 x4 cm avulsion to mucosa inside R upper lip with flap. No loose teeth, good dentition. No jaw or facial tenderness, no other signs of trauma.

Neck: no spine tenderness

Lungs: CTAB

Heart: RRR NRGM

Abdomen: soft, nontender

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Bellevue Hospital Center
Chart Review Print

<u>Location</u>	<u>Patient Name</u>	<u>Patient Number</u>	<u>Visit Number</u>	<u>Age</u>	<u>Sex</u>
DIS-TM3 Bed3	Sanders, Charlie	3085239	3085239-5	54Y	M
<u>Attending Physician</u>				<u>D.O.B.</u>	
Carmody, Kristin				02/02/1960	

 Unscheduled ED Provider Initial Note -- cont'd

Assessment: 54 y/o M with 2 lip lacerations after punched in face, no LOC, headache, or other sign of trauma

Plan:

Laceration repair

Td booster

Reassess

RN Note Reviewed : I have reviewed the RN notes and documented any additions in the Provider note field.

Provider Exam : see note

ED Alerts : NYPD Prisoner;

Assessment/Plan : see note

Attending Attestation: Pt seen and examined by me. I fully agree with the Resident's assessment, plan and any procedures.

* * * End of Report * * *

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Bellevue Hospital Center
Chart Review Print

<u>Location</u>	<u>Patient Name</u>	<u>Patient Number</u>	<u>Visit Number</u>	<u>Age</u>	<u>Sex</u>
DIS-TM3 Bed3	Sanders, Charlie	3085239	3085239-5	54Y	M
				<u>Attending Physician</u>	<u>D.O.B.</u>
				Carmody, Kristin	02/02/1960

Unscheduled ED MD Disposition Note

Event Time: Wed, 23 Jul 14 1447

Status: complete

Wed, 23 Jul 14 1453 Documented by Allan Guiney, MD

ED Attending : Kristin Carmody, MD
 Provider : Allan Guiney, MD
 Disposition : Discharged to Home or Self Care
 Disposition Date/Time: Wed, 23 Jul 2014 1447
 Primary Dx : Open wound of face, unspecified site, uncomplicated
 Secondary Dx(s) : none
 Procedure(s) : Laceration Repair,
 Discharge Rx : none
 Focused Med Rec : Medication Reconciliation Complete. No changes to
 current medications.
 Condition : Improved
 Summary : 54 y/o with facial lac x2, s/p repair
 Instructions for Pt : Clean the cut on the outside of your face starting
 tomorrow with soap and water, and dress it with
 bacitracin ang guaze. After eating rinse your mouth
 with salt water or mouth wash. Return for suture
 removal/evaluation in 5 days. You have 2 nylon sutures
 on the outside of your face (5-0 nylon) and 6
 absorbably sutures inside your mouth (5-0 vicryl, 4
 upper 2 lower).
 Discharge Center? : no
 Follow Up : in 5 days for suture removal, wound evaluation
 DC Report Language : English
 Whiteboard Display : Patient in ED. Keep/Add back on Whiteboard.
 Instructions for RN : none
 Med Decision Making : I discussed the case and plan with a Consultant or
 other health care Provider. I have reviewed the
 patient's history through internal records or an
 outside referral.
 Tests Reviewed : I have reviewed all labs, ancillary testing, and
 radiology resulted for this patient prior to
 disposition.

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Bellevue Hospital Center
Chart Review Print

* * * End of Report * * *

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Bellevue Hospital Center
Chart Review Print

<u>Location</u>	<u>Patient Name</u>	<u>Patient Number</u>	<u>Visit Number</u>	<u>Age</u>	<u>Sex</u>
DIS-UC Bed04	Sanders, Charlie	3085239	3085239-6	54Y	M
<u>Attending Physician</u>				<u>D.O.B.</u>	
Rotte, Masashi				02/02/1960	

 Unscheduled ED Provider Initial Note

Event Time: Sun, 31 Aug 14 1722

Status: complete

Sun, 31 Aug 14 1930 Documented by Daniel Lugassy, MD

Time Patient Seen : Sun, 31 Aug 2014 1722
 Communication Method : Direct Communication in English
 ED Attending : Daniel Lugassy, MD
 Provider : Andrew Oh, MD
 ROS : see note
 Provider Note : 54 y M no pmhx presents with persistent occipital and neck pain s/p assault 7/23/14. Pt was evaluated at BHC on 7/23/14 where he stated he was punched in the face suffering lip laceration as well as hitting the back of his head against the ground. No LOC or complaints at the time, but now he complains of neck pain that is worse in the am and w/ movement at times, described as soreness. No visual changes, no global headache, no focal neuro deficits. No n/v/d/c.

PMH none
 Meds none
 All nkda

PE
128/96 - 68 - 18 - 98% - 97.2 - - 4

Gen: NAD, AOx3

HEENT: EOMI, PERRL, OP clear, CN II-XII intact, NCAT

Neck: supple, no masses

Lungs: cta bl

CV: s1/s2, rrr

Abd: soft ntnd

Ext: +2 radial pulse

Neuro: steady gait, 5/5 UE LE

A/P

No suspicion for intracranial bleed or structural deficit. Will have pt follow up with PMD.

RN Note Reviewed : I have reviewed the RN notes and documented any additions in the Provider note field.

Provider Exam : see note

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Bellevue Hospital Center
Chart Review Print

<u>Location</u>	<u>Patient Name</u>	<u>Patient Number</u>	<u>Visit Number</u>	<u>Age</u>	<u>Sex</u>
DIS-UC Bed04	Sanders, Charlie	3085239	3085239-6	54Y	M
		<u>Attending Physician</u>	<u>D.O.B.</u>		
		Rotte, Masashi	02/02/1960		

Unscheduled ED Provider Initial Note -- cont'd
ED Alerts : None;
Assessment/Plan : see note
Stroke/VTE Diagnosis : Contusion of face, scalp, and neck except eye(s)
Attending Attestation: Pt seen and examined by me. I fully agree with the
Resident's assessment, plan and any procedures.

* * * End of Report * * *

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Bellevue Hospital Center
Chart Review Print

<u>Location</u>	<u>Patient Name</u>	<u>Patient Number</u>	<u>Visit Number</u>	<u>Age</u>	<u>Sex</u>
DIS-UC Bed04	Sanders,Charlie	3085239	3085239-6	54Y	M
<u>Attending Physician</u>				<u>D.O.B.</u>	
Rotte,Masashi				02/02/1960	

Unscheduled ED MD Disposition Note

Event Time: Sun, 31 Aug 14 1725

Status: complete

Sun, 31 Aug 14 1726 Documented by Andrew Oh, MD

ED Attending : Daniel Lugassy, MD
 Provider : Andrew Oh, MD
 Disposition : Discharged to Home or Self Care
 Disposition Date/Time: Sun, 31 Aug 2014 1726
 Primary Dx : Contusion of face, scalp, and neck except eye(s)
 Secondary Dx(s) : none
 Discharge Rx : none
 Focused Med Rec : Medication Reconciliation Complete. No changes to current medications.
 Condition : Stable
 Summary : 54 y M no pmhx p/w neck pain s/p assault, likely msk, but will have pt follow up with medicine
 Instructions for Pt : Please return with any increase in pain, headache, visual changes, nausea or vomiting
 Discharge Center? : no
 Follow Up : Within 1-2 weeks. Clinic/ Visit Type: Medicine
 DC Report Language : English
 Whiteboard Display : Patient in ED. Keep/Add back on Whiteboard.
 Instructions for RN : none
 Med Decision Making : I discussed the case and plan with a Consultant or other health care Provider.
 Tests Reviewed : I have reviewed all labs, ancillary testing, and radiology resulted for this patient prior to disposition.

* * * End of Report * * *